

APPLICATION FOR SATELLITE CATERING PERMIT

City of Fayetteville, 113 West Mountain, Fayetteville, AR 72701

Regulated by Title XI, Chapter 111 of the City of Fayetteville Code of Ordinances

Please print or type the following:

Business

Applicant

Name: _____

(Must be person listed on State Permit)

Address: _____

City, State Zip: _____

Phone: _____

Mailing Address: _____

Date of Birth: _____

Driver's License #: _____

****ALL INFORMATION MUST BE FILLED OUT***

BEFORE APPLICATION WILL BE PROCESSED.

Permit fee - \$250.00

If this is a new establishment, I do hereby swear and affirm that the location of the business for which this permit is sought is not within 200 yards of any church or school building, if said business is a retail establishment for the sale of alcoholic beverages for consumption off the premises; or is not within 300 feet of any church or school building for any other business for which a City of Fayetteville alcoholic beverage permit is required.

Affidavit – The below signed applicant, being 21 years of age or older, after first being duly sworn, states that all above information is true and accurate to the best of his or her knowledge and belief.

Applicant's signature _____

(Must be person listed on State Permit)

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public

(Seal)

My commission expires

A COPY OF YOUR CURRENT STATE PERMIT MUST ACCOMPANY THIS APPLICATION

APPLICATION FOR ON PREMISES CONSUMPTION – HOTEL, MOTEL, OR RESTAURANT PERMIT

City of Fayetteville, 113 West Mountain, Fayetteville, AR 72701

Regulated by Title XI, Chapter 111 of the City of Fayetteville Code of Ordinances

Type of On Premises Consumption Permit: ___ Hotel ___ Motel ___ Restaurant

Please print or type the following:

Applicant

Business

Name: _____

(Must be person listed on State Permit)

Address: _____

City, State, Zip: _____

Phone: _____

Mailing Address: _____

Mailing Address 2: _____

Driver's License #: _____

****ALL INFORMATION MUST BE FILLED OUT***

BEFORE APPLICATION WILL BE PROCESSED.

Permit fee – Hotel or Motel (enclose check payable to City of Fayetteville):

A. Capacity of fewer than one hundred (100) rooms. \$ 250.00 _____

B. Capacity of one hundred (100) or more rooms. \$ 500.00 _____

Capacity _____ **Amount due** \$ _____

Permit fee – Restaurant (enclose check payable to City of Fayetteville):

A. Seating capacity of less than one hundred (100). \$ 250.00 _____

B. Seating capacity of one hundred (100) or more. \$ 500.00 _____

Seating Capacity _____ **Amount due** \$ _____

If this is a new establishment, I do hereby swear and affirm that the location of the business for which this permit is sought is not within 200 yards of any church or school building, if said business is a retail establishment for the sale of alcoholic beverages for consumption off the premises; or is not within 300 feet of any church or school building for any other business for which a City of Fayetteville alcoholic beverage permit is required. Affidavit – The below signed applicant, being 21 years of age or older, after first being duly sworn, states that all above information is true and accurate to the best of his or her knowledge and belief.

Applicant's signature _____

(Must be person listed on State Permit)

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public

(Seal)

My commission expires

A COPY OF YOUR CURRENT STATE PERMIT MUST ACCOMPANY THIS APPLICATION